

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>		<i>1/10/00</i>
O.I.P.E. CLASSIFIER		<i>15</i>	<i>6-20-00</i>
FORMALITY REVIEW	<i>[Signature]</i>	<i>1001</i>	<i>8-14-00</i>
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) ... Canceled A Appeal
 + Restricted O Objected

Claim	Final	Original	Date
1	✓	✓	6/14/00
2	✓	✓	6/14/00
3	✓	✓	6/14/00
4	✓	✓	6/14/00
5	✓	✓	6/14/00
6	✓	✓	6/14/00
7	✓	✓	6/14/00
8	✓	✓	6/14/00
9	✓	✓	6/14/00
10	✓	✓	6/14/00
11	✓	✓	6/14/00
12	✓	✓	6/14/00
13	✓	✓	6/14/00
14	✓	✓	6/14/00
15	✓	✓	6/14/00
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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